

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>HAIR</i>		<i>06-20-01</i>
O.I.P.E. CLASSIFIER	<i>WGW</i>		<i>6/29/01</i>
FORMALITY REVIEW	<i>A.S.</i>	<i>943</i>	<i>8-15-1</i>
RESPONSE FORMALITY REVIEW	<i>SCJ</i>	<i>1091</i>	<i>11-14-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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If more than 150 claims or 10 actions  
staple additional sheet here

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*1030*  
*11/14/01*  
*830*  
*08/14/01*